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Feasibility study in assessment of socio-economical precariousness patients in physical medicine and rehabilitation wards (PRM): The EPICES score (evaluation of precariousness and health inequalities in health examination centers)

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Keywords: Precariousness indicator; EPICES score; PMR

Background.— The EPICES score has proven its effectiveness in assessing precariousness. A parallel was drawn between precariousness and health risks.

Objective.— Identify and quantify precariousness level by the EPICES score for patients in PMR ward (living-in and day hospital).

Method.— Distribution of the assessment grid to all patients on a given day for self-administration.

Results.— Thirty-eight patients, mean age 54.4 years, in PMR ward on 03/23/11, received the grid. Eleven grids were excluded from the analysis: 5 patients refused to answer, 3 could not fill out the grid because of cognitive impairment, and 3 were unworkable because not properly completed. Fifteen patients of 27 were in a precarious situation (EPICES score > 30): 10 at living-in ward (66%) of which 6 had locomotor disorders and 4 had neurological disease, 5 in day-hospital (41%) of which 4 had locomotor disorders and 1 neurological disease.

Discussion and conclusion.— Fifty-five percent of patients were in a precarious situation, reflecting the local socio-economic reality. CH Gonesse is located in the east of Val Oise, ranked as ZUS (sensitive urban zone).

One finds no link between the precariousness indicator and type of disorders or age. Patients are more precarious in in-living ward in this preliminary analysis and this requires further studies to clarify this result. Is the PMR care organization affected by socio-economical precariousness?

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Predictors of informal care burden one year after severe traumatic brain injury: Results from Paris-TBI study

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Background.— Informal care provided by a non-professional person to patients with traumatic brain injury (TBI) in daily life activities is associated with multidimensional burden.

Objective.— To investigate TBI characteristics and clinical outcomes that predict the level of informal care burden.

Methods.— This multicenter study (Paris-TBI) is based on a large prospective inception cohort of severe TBI, which included all incident cases in the Parisian area during 22 months (2005–2007). Primary informal caregivers (PICs) of home resident TBI survivors were assessed in terms of health-status (SF-36) and perceived burden (Zarit Burden Inventory, ZBI) one year after the injury. Patients' pre-morbid characteristics, injury severity data, clinical measures at intensive care discharge time, and one year after the injury were recorded. Spearman correlations, Kruskal Wallis and focused principal component analyses were computed.

Results.— Among the 257 survivors at intensive care discharge time, 66 patients-PICs couples could be studied at one year: PICs were predominantly women (73%) aged 50 on average supporting male outpatients (79%) aged 38 on average. PIC's SF-36 subscales deviated negatively from the French population norms. Fifty-six percent of PICs experienced a significant burden (ZBI score > 20) and 44% were at depression risk. PICs' SF-36 summary measures and ZBI scores strongly correlated with patients' global outcome (GOS-E) and particularly with dysexecutive symptoms after one year. However, patients' demographic and early severity characteristics were not significantly correlated with carers' burden.

Conclusion.— One year after TBI, higher caregiver burden was related to poorer global disability and greater dysexecutive disorders of severe TBI patients.

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EVASEP: Role of caregiver in supporting patients with multiple sclerosis treated with interferon beta 1a over 24 months

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Keywords: Multiple sclerosis; Caregivers; Activity of daily living

Introduction.— The role of caregivers in multiple sclerosis (MS) is little studied. Their involvement and influence on therapy should be specified to optimize care.

Objective.— This observational study intends to clarify the role, nature of assistance and assess the level of knowledge of the disease among patients and their caregivers.

Methodology.— Two hundred and sixteen MS patient treated with interferon beta 1a over 24 months were included. The questionnaires were given during neurology consultations and included questions using visual analogue scales (VAS) to quantify answers. Descriptive analysis of all parameters collected and Spearman correlations were proposed. Hundred and fifty-one questionnaires patients and matched caregivers were analyzed.

Results.— Caregivers (mean age: 42.9 years) were men (58.6%) and spouses from 86.6% of them. Seventy-five percent said they were caregivers since diagnosis of MS. The level of patient information was sufficient but not sufficient for caregivers ($P < 0.05$). The level and nature of support varies with age, disease duration and EDSS ($P < 0.005$). "Fighting the disease" and "psychological support" are more commonly finding in the first year of MS and "physical assistance" and "care" after 15 years of evolution.

Discussion.— Studies of caregivers in MS generally concerned patients with high level of disability (EDSS > 6.5). In our population EDSS is relatively low (2.2), yet there is help available from the beginning of the disease. Psychological